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| Fill in this information to identify your case: | | |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| SOUTHERN DISTRICT OF NEW YORK | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐Chapter 7 | |
| | ■Chapter 11 | |
| | ☐Chapter 12 | |
| | □Chapter 13 | ☐ Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: | Identify Yourself | | |
|----|---|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write | e the name that is on | James | |
| | your government-issued picture identification (for example, your driver's license or passport). | ur government-issued ture identification (for | First name | First name |
| | | Middle name | Middle name | |
| | Bring your picture | | Colby | |
| | iden | tification to your ting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | | |
| 2. | | other names you have d in the last 8 years | | |
| | | ide your married or den names. | | |
| 3. | Only | the last 4 digits of | | |
| | num Indi | r Social Security ber or federal vidual Taxpayer tification number | xxx-xx-3272 | |

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Debtor 1 James Colby

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | |
|---|--|---|--|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■I have not used any business name or EINs. Business name(s) EINs | have not used any business name or EINs. Business name(s) | | | | |
| | | | | | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | | |
| | | 9 Bittany Court Chappaqua, NY 10514 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | |
| | | Westchester County | County | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | |
| | | | | | | | |

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Debtor 1 James Colby Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | | | of each, see <i>Notice Required by</i> page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box. | | | |
|-----|--|---------------|---------------------------------|---|---|--|--|--|--|
| | choosing to the under | ☐ Chap | oter 7 | | | | | | |
| | | ■ Chap | pter 11 | | | | | | |
| | | □Chap | oter 12 | | | | | | |
| | | ☐ Chap | oter 13 | | | | | | |
| 8. | How you will pay the fee | – а | bout how your order. If your | pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or checorinted address. | | | | | |
| | | | | | allments. If you choose this option (Official Form 103A). | on, sign and attach the Application for Individuals to Pay | | | |
| | | | request that | at my fee be wai uired to, waive y | ved (You may request this optior our fee, and may do so only if yo | n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line ee in installments). If you choose this option, you must fil | | | |
| | | 0 | out the <i>Appli</i> | cation to Have th | e Chapter 7 Filing Fee Waived (0 | Official Form 103B) and file it with your petition. | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■No. □Yes. | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is | ■No | | | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | ∐Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | ■No. | Go to | ine 12. | | | | | |
| | residence: | □Yes. | Has yo | our landlord obtain | ned an eviction judgment agains | t you and do you want to stay in your residence? | | | |
| | | | | No. Go to line 1 | 2. | | | | |
| | | | | Yes. Fill out Init | ial Statement About an Eviction 、 | Judgment Against You (Form 101A) and file it with this | | | |

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| Deb | tor 1 _J | ames Colby | | | | Pg 4 0f 56 | Case number (if known) |
|-----|---|---|------------------------|-----------------|--|--------------------------|--|
| | | | | | | | |
| Par | t 3: Re | port About Any Bu | sinesses | You Own | as a Sole Proprie | tor | |
| 12. | | a sole proprietor full- or part-time ss? | ■No. | Go to | Part 4. | | |
| | | | □Yes. | Name | and location of bus | siness | |
| | busines an indiv separate as a cor | oroprietorship is a s you operate as idual, and is not a e legal entity such poration, ship, or LLC. | | Name | of business, if any | | |
| | If you ha | ave more than one oprietorship, use a sheet and attach | | Numb | er, Street, City, Sta | te & ZIP Code | |
| | | petition. | | Chec | k the appropriate bo | ox to describe your bus | iness: |
| | | | | | Health Care Busin | ness (as defined in 11 l | J.S.C. § 101(27A)) |
| | | | | | Single Asset Real | l Estate (as defined in | 11 U.S.C. § 101(51B)) |
| | | | | | Stockbroker (as d | lefined in 11 U.S.C. § 1 | 01(53A)) |
| | | | | | Commodity Broke | er (as defined in 11 U.S | .C. § 101(6)) |
| | | | | | None of the above | е | |
| 13. | Chapte Bankru | mall business | deadlines operation | s. If you ir | ndicate that you are ow statement, and | a small business debto | ner you are a small business debtor so that it can set appropriate or, you must attach your most recent balance sheet, statement of rn or if any of these documents do not exist, follow the procedure |
| | F | finition of amount | □No. | I am r | not filing under Chap | pter 11. | |
| | busines | efinition of <i>small</i> as debtor, see 11 § 101(51D). | ■No. | I am f Code. | | 11, but I am NOT a sm | nall business debtor according to the definition in the Bankruptcy |
| | | | □Yes. | I am f | iling under Chapter | 11 and I am a small bu | usiness debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Re | port if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Need | s Immediate Attention |
| 14. | Do you | own or have any | ■No. | | | | |
| | | y that poses or is to pose a threat | ■Yes. | | | | |
| | | inent and | ∐1 <i>6</i> 5. | What is | the hazard? | | |
| | | able hazard to health or safety? | | | | | |
| | Or do y | ou own any y that needs ate attention? | | | liate attention is why is it needed? | | |
| | | | | | | | |

For example, do you own

perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

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Debtor 1 **James Colby** Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether

you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Dec | James Colby | | | Case numb | Der (if known) | | | |
|-----|---|---|--|--|---|--|--|--|
| Par | t 6: Answer These Quest | ions for Rep | orting Purposes | | | | | |
| 16. | What kind of debts do you have? | | | consumer debts? Consumer debts are de sonal, family, or household purpose." | fined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | [| No. Go to line 16b. | | | | | |
| | | I | Yes. Go to line 17. | | | | | |
| | | | | business debts? Business debts are debt estment or through the operation of the bu | | | | |
| | | [| No. Go to line 16c. | | | | | |
| | | [| ⊒Yes. Go to line 17. | | | | | |
| | | 16c. S | State the type of debts you | owe that are not consumer debts or busing | ess debts | | | |
| 17. | Are you filing under Chapter 7? | ■No. | am not filing under Chapte | er 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | property is excluded and administrative expenses | [| □No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | [| _Yes | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | 1 ,000-5,000 | 2 5,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | <u></u> 5001-10,000 | 5 0,001-100,000 | | | |
| | | □100-199 □200-999 | | □ 10,001-25,000 | More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$50, | 000 | ■\$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | □\$50,001 · | | \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | \$100,001 - \$500,000 \$500,001 - \$1 million | | □\$50,000,001 - \$100 million □\$100,000,001 - \$500 million | ☐\$10,000,000,001 - \$50 billion ☐More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$50, | | ■\$1,000,001 - \$10 million | □\$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | □\$50,001 | | \$10,000,001 - \$50 million | □\$1,000,000,001 - \$10 billion | | | |
| | | | - \$500,000 - \$1 million | □\$50,000,001 - \$100 million □\$100,000,001 - \$500 million | □\$10,000,000,001 - \$50 billion □More than \$50 billion | | | |
| Par | t 7: Sign Below | | | | | | | |
| For | you | I have exar | nined this petition, and I de | eclare under penalty of perjury that the info | rmation provided is true and correct. | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request re | st relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | bankruptcy | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | |
| | | James Co Signature of | olby | Signature of Debt | or 2 | | | |
| | | Executed of | n December 3, 2015 MM / DD / YYYY | Executed on | M / DD / YYYY | | | |
| | | | ואוואו / טט / ז ץ ץ | MI | VI / UU / TTTT | | | |

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Debtor 1 James Colby Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Todd S. Cu Signature of Atto | | Date | December 3, 2015 MM / DD / YYYY |
|--|-----------------|---------------|------------------------------------|
| Todd S. Cushi | ner | | |
| Garvey Tirelli Firm name | & Cushner, Ltd. | | |
| 50 Main Street Suite 390 | - | | |
| White Plains, I Number, Street, City, S | | | |
| Contact phone 91 | 4-946-2200 | Email address | |
| Bar number & State | | | |

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| Debtor 1 | James Colby | | | | |
|--|---|---|--|---|---|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States | s Bankruptcy Court for the: | SOUTHERN DIS | STRICT OF NEW YORK | | |
| Case numbe | r | | | | ☐ Check if this is an amended filing |
| | | | | | |
| | | | | | |
| <u>B 104</u> | | | | | |
| For Indi | ividual Chapter 1 | 1 Cases: | List of Creditors | Who Have t | he 20 Largest |
| Unsecu | red Claims Agai | nst You a | nd Are Not Inside | ers | |
| | <u> </u> | | | | |
| relatives of a in control, or sole propriet collateral val Be as complinformation. | any general partners; partner owner of 20 percent or mor or. 11 U.S.C. § 101. Also, do ue places the creditor amon ete and accurate as possible | rships of which re of their voting o not include cla g the holders of e. If two married | you are a general partner; co g securities; and any managir aims by secured creditors un f the 20 largest unsecured cla | orporations of which on agent, including of agent, including of all of the unsecured of aims. Oth are equally response | your relatives; any general partners; you are an officer, director, person one for a business you operate as a claim resulting from inadequate onsible for supplying correct deers. |
| | | | J | | |
| | | | | | Unsecured claim |
| 1 | | What | is the nature of the claim? | Credit Card | \$ \$895.00 |
| | Of Amer Box 982235 | As of | the date you file, the claim is | · Check all that apply | |
| | Paso, TX 79998 | | Contingent | - Onook an that apply | |
| | , | | Unliquidated | | |
| | | | Disputed | | |
| | | | None of the above apply | | |
| | | Does | the creditor have a lien on yo | our property? | |
| | | | No | | |
| Conta | act | | Yes. Total claim (secured ar | nd unsecured) | 3 |
| | | | Value of security: | - 9 | |
| Cont | act phone | | Unsecured claim | 3 | <u> </u> |
| | | | | | |
| 2 | Of Amer | What | is the nature of the claim? | Credit Card | \$ \$500.00 |
| | Box 982235 | As of | the date you file, the claim is | : Check all that apply | |
| | Paso, TX 79998 | | Contingent | | |
| | , | | Unliquidated | | |
| | | | Disputed | | |
| | | | None of the above apply | | |
| | | Does | the creditor have a lien on yo | our property? | |
| | | • | No | | |
| Cont | act | | Yes. Total claim (secured ar | nd unsecured) \$ | 5 |
| | | _ | ` | | |

B104 (Official Form 104)

Contact phone

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims

Value of security:

Unsecured claim

Fill in this information to identify your case:

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| r 1 James Colby | Case number (if known) | | | | |
|------------------------------------|---|----------------|--|--|--|
| | What is the nature of the claim? BMW | \$ \$18,248.00 | | | |
| Bmw Financial Services | As of the date you file the claim in Object, all that and by | | | | |
| 5515 Parkcenter Cir | As of the date you file, the claim is: Check all that apply Contingent | | | | |
| Dublin, OH 43017 | ☐ Contingent ☐ Unliquidated | | | | |
| | Disputed | | | | |
| | • · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | Does the creditor have a lien on your property? | | | | |
| | No | | | | |
| Contact | Yes. Total claim (secured and unsecured) | \$18,248.00 | | | |
| | Value of security: - \$ | \$0.00 | | | |
| Contact phone | Unsecured claim \$ | \$18,248.00 | | | |
| | What is the nature of the claim? Credit Card | \$ \$485.00 | | | |
| Cbna Po Box 6283 | As of the date you file, the claim is: Check all that apply | | | | |
| Sioux Falls, SD 57117 | Contingent | | | | |
| Sloux I alis, SD 37 I I7 | Unliquidated | | | | |
| | Disputed | | | | |
| | None of the above apply | | | | |
| | Does the creditor have a lien on your property? | | | | |
| | ■ No | | | | |
| Contact | Yes. Total claim (secured and unsecured) \$ | | | | |
| | Value of security: -\$ | | | | |
| Contact phone | Unsecured claim \$ | | | | |
| | What is the nature of the claim? | \$ \$4,095.00 | | | |
| Chase Bank USA, NA PO Box 15922 | As of the date you file, the claim is: Check all that apply Contingent | | | | |
| Wilmington, DE 19850 | | | | | |
| | ☐ Unliquidated ☐ Disputed | | | | |
| | · | | | | |
| | None of the above apply | | | | |
| | Does the creditor have a lien on your property? | | | | |
| | ■ No | | | | |
| Contact | Yes. Total claim (secured and unsecured) \$ | | | | |
| | Value of security: - \$ | | | | |
| Contact phone | Unsecured claim \$_ | | | | |
| | What is the nature of the claim? Credit Card | \$ \$4,095.00 | | | |
| Chase Card | | | | | |
| Po Box 15298 | As of the date you file, the claim is: Check all that apply | | | | |
| Wilmington, DE 19850 | Contingent | | | | |
| | ☐ Unliquidated | | | | |
| | Disputed | | | | |
| | ■ None of the above apply | | | | |
| | Does the creditor have a lien on your property? | | | | |
| | | | | | |

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| Debtor ' | James Colby | | Case number (if known) | | | | | | |
|----------|--|---|---|-------------------|------------------|----------------|--|--|--|
| | Contact Contact phone | • | Yes. Total claim (secured and unsecured) \$ Value of security: - \$ | | | | | | |
| | Contact phone | | Unsecured claim | | \$ | | | | |
| 7 | | What | is the nature of the claim? | Credit Card | l | \$_\$0.00 | | | |
| | Chase Card Po Box 15298 Wilmington, DE 19850 | As of □ □ □ | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply | Check all that ap | ply | | | | |
| | | Does | the creditor have a lien on you | ur property? | | | | | |
| | Contact Contact phone | = | No Yes. Total claim (secured and Value of security: Unsecured claim | d unsecured) | \$ - \$ | | | | |
| 8 | Oiri | What | is the nature of the claim? | Credit Card | l | \$ \$0.00 | | | |
| | Citi Po Box 6241 Sioux Falls, SD 57117 | As of □ □ □ | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply | | | | | | |
| | | Does the creditor have a lien on your property? | | | | | | | |
| | Contact Contact phone | | No Yes. Total claim (secured an Value of security: Unsecured claim | d unsecured) | \$ - \$ \$ | | | | |
| 9 | | What | is the nature of the claim? | Charge Acc | count | \$_\$0.00 | | | |
| | Citi Po Box 6241 Sioux Falls, SD 57117 | As of □ □ □ | the date you file, the claim is: Contingent Unliquidated Disputed None of the above apply | Check all that ap | ply | | | | |
| | | Does | the creditor have a lien on you | ur property? | | | | | |
| | Contact | | No Yes. Total claim (secured an Value of security: | d unsecured) | \$ - \$ | | | | |
| | Contact phone | | Unsecured claim | | \$ | | | | |
| 10 | Citi | | is the nature of the claim? | | | \$ \$12,967.00 | | | |
| | Box 6248 Sioux Falls, SD 57117 | As of □ □ | the date you file, the claim is: Contingent Unliquidated | Check all that ap | ply | | | | |

B 104 (Official Form 104)

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims

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| Debtor 1 | James Colby | | Case num | ber (if known) | | |
|----------|----------------------------------|-------|--|--------------------|-------------|---|
| | | | Disputed | | | |
| - | | | None of the above apply | | | |
| | | _ | the creditor have a lien on your | nronerty? | | |
| | | _ | _ | property: | | |
| | Contact | | No Yes. Total claim (secured and | unsecured) | \$ | |
| | Contact | | Value of security: | unscourca) | - \$ ——— | |
| | Contact phone | | Unsecured claim | | \$ | |
| 11 | | What | is the nature of the claim? | | | \$ \$24,749.00 |
| | Citi Cards | | | | | _ : _ • • • • • • • • • • • • • • • • • |
| | PO Box 183113 | | the date you file, the claim is: C Contingent | check all that ap | ply | |
| | Columbus, OH 43218 | | Unliquidated | | | |
| | | | Disputed | | | |
| | | _ | None of the above apply | | | |
| | | Does | the creditor have a lien on your | | | |
| | | | No | | | |
| | Contact | | Yes. Total claim (secured and | unsecured) | \$ | |
| | | | Value of security: | | - \$ | |
| | Contact phone | | Unsecured claim | | \$ | |
| 12 | | What | is the nature of the claim? | Check Cred | dit Or Line | \$ \$0.00 |
| | Citibank Na | As of | the date you file, the claim is: C | | | |
| | Po Box 528 Pelham, NY 10803 | | Contingent | леск ан тагар | ріу | |
| | remain, NT 10005 | | Unliquidated | | | |
| | | | Disputed | | | |
| | | | None of the above apply | | | |
| | | Does | the creditor have a lien on your | property? | | |
| | | | No | | | |
| | Contact | | Yes. Total claim (secured and | unsecured) | \$ | |
| | Contact phone | | Value of security: Unsecured claim | | - \$ | |
| | Contact priorie | | Onsecured Claim | | Ψ | |
| 13 | | What | is the nature of the claim? | | | \$ \$3,560.00 |
| | Midland Crt c/o Foster & Garbu | As of | the date you file, the claim is: C | | | |
| | PO Box 9030 Commack, NY 11725 | | Contingent | ricck all triat ap | ріу | |
| | Community 11725 | | Unliquidated | | | |
| | | | Disputed | | | |
| | | | None of the above apply | | | |
| | | Does | the creditor have a lien on your | property? | | |
| | | | No | | | |
| | Contact | | Yes. Total claim (secured and | unsecured) | \$ | |
| | | | Value of security: | | - \$ | |
| | Contact phone | | Unsecured claim | | \$ | |

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| ebtor 1 | James Colby | Case number (if known) | | | | | | |
|---------|---|---|--|--|--|--|--|--|
| | | What is the nature of the claim? Real Estate Mortgage \$ \$1,275,504.00 | | | | | | |
| | Nationstar Mortgage LI | As of the date you file, the claim is: Check all that apply | | | | | | |
| | 350 Highland Dr Lewisville, TX 75067 | Contingent | | | | | | |
| | Lewisville, 17 75007 | ☐ Unliquidated | | | | | | |
| | | ■ Disputed | | | | | | |
| | | | | | | | | |
| | | None of the above apply | | | | | | |
| | | Does the creditor have a lien on your property? | | | | | | |
| _ | | No | | | | | | |
| | Contact | Yes. Total claim (secured and unsecured) \$\\\\$1,275,504.00 | | | | | | |
| _ | | Value of security: -\$ \$0.00 | | | | | | |
| | Contact phone | Unsecured claim \$ \$1,275,504.00 | | | | | | |
| | | What is the nature of the claim? Auto Lease \$ \$0.00 | | | | | | |
| | Toyota Motor Credit Co | As of the date you file the claim in Ohead all that and | | | | | | |
| | Po Box 8 | As of the date you file, the claim is: Check all that apply Contingent | | | | | | |
| | Chelmsford, MA 01824 | — | | | | | | |
| - | | ☐ Unliquidated ☐ Disputed | | | | | | |
| | | ■ None of the above apply | | | | | | |
| | | Notice of the above apply | | | | | | |
| | | Does the creditor have a lien on your property? | | | | | | |
| | | ■ No | | | | | | |
| | Contact | Yes. Total claim (secured and unsecured) | | | | | | |
| | | Value of security: - \$ | | | | | | |
| | Contact phone | Unsecured claim \$ | | | | | | |
| | | What is the nature of the claim? Single Family Home \$\$680,000.00 located @ 9 Brittany Court , Chappaqua | | | | | | |
| | Wachovia Bank | | | | | | | |
| | PO Box 50014 | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Roanoke, VA 24040 | Contingent | | | | | | |
| | | Unliquidated | | | | | | |
| | | Disputed | | | | | | |
| | | None of the above apply | | | | | | |
| - | | Does the creditor have a lien on your property? | | | | | | |
| | | No | | | | | | |
| - | Contact | Yes. Total claim (secured and unsecured) \$ \$1,800,000.00 | | | | | | |
| | | Value of security: - \$ \$1,120,000.00 | | | | | | |
| | Contact phone | Unsecured claim \$ \$680,000.00 | | | | | | |
| | | | | | | | | |
| rt 2: | Sign Below | | | | | | | |
| der p | enalty of perjury, I declare that the | e information provided in this form is true and correct. | | | | | | |
| /s/ | James Colby | x | | | | | | |
| | mes Colby | Signature of Debtor 2 | | | | | | |
| | nature of Debtor 1 | • | | | | | | |

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| Debtor 1 | James Colby | Case number (if known) | |
|----------|------------------|------------------------|--|
| Date | December 3, 2015 | Date | |

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| Fill in this information to identify your case: | | | | | |
|---|--------------------------|-------------------|-------------|--|--|
| Debtor 1 | James Colby | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | | |
| | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | | assets of what you own |
|-----|--|-----------|----------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 1,120,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 42,500.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 1,162,500.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | | liabilities unt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 3,093,752.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 51,346.00 |
| | Your total liabilities | \$ | 3,145,098.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 16,650.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 19,495.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | our other | schedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | o noroon | al family or |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Main Document Pg 15 of 56 Case number (if known)

Debtor 1 James Colby

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | al claim |
|--|------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ _ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Fill in this inform | mation to identify your | r case and this | s filing: | | | | |
|---------------------------------------|------------------------------------|--|---|---|--|-------------|-------------------------------------|
| Debtor 1 | James Colby | | | | | | |
| Dahtar O | First Name | Middle N | iame | Last Name | | | |
| Debtor 2 Spouse, if filing) | First Name | Middle N | lame | Last Name | | | |
| Jnited States Ba | nkruptcy Court for the: | SOUTHERN | DISTRICT OF NE | W YORK | | | |
| Case number | | | | | | | Check if this is ar |
| | | | | _ | | | amended filing |
| Official Ec | rm 106A/B | | | | | | |
| | e A/B: Prop | ertv | | | | | 12/15 |
| fits best. Be as conore space is need | omplete and accurate as p | possible. If two et to this form. (| married people are f On the top of any add | n asset fits in more than one iling together, both are equall ditional pages, write your nan vn or Have an Interest In | y responsible for sup | plying cor | rect information. If |
| Yes. Where is | the property? | | | | | | |
| .1 | | | What is the propert | ty? Check all that apply. | | | |
| Street address, | if available, or other description | n | ☐ Single-family | | amount of any sec | ured claims | |
| | | | ☐ Duplex or mu☐ Condominium | ū | Creditors Who Ha | ve Claims S | Secured by Property. |
| | | | <u></u> | d or mobile home | | | |
| | | | ☐ Land | | Current value of t entire property? | | urrent value of the ortion you own? |
| City | State | ZIP Code | ☐ Investment p | roporty | \$1,120,00 | 0.00 0 | \$1,120,000.00 |
| City | State | ZIF Code | ☐ Timeshare | Toperty | | | * 1,120,000100 |
| | | | Other | | | | ownership interest |
| | | | Who has an interes one. | t in the property? Check | a life estate), if kr | | y by the entireties, or |
| | | | Debtor 1 only | / | Tenants by th | e Entire | ty |
| County | | | Debtor 2 only | | | | |
| County | | | Debtor 1 and | Debtor 2 only of the debtors and another | Check if this (see instructi | | nity property |
| | | | _ | ou wish to add about this iter | (000 111011 0011 | ons) | |
| | | | | Home located @ 9 Britt | any Court , Cha | ppagua | |
| | | | | | | | |
| | | | | | · · | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Entered 12/03/15 10:59:28 15-23738-rdd Doc 1 Filed 12/03/15 Main Document Pg 17 of 56 Debtor 1 **James Colby** Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □No Yes Do not deduct secured claims or exemptions. Put **BMW** 3 1 Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: Model Debtor 1 only Creditors Who Have Claims Secured by Property. Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$0.00 \$0.00 Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No □Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here......> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... \$5,000.00 Furniture, home goods, tv, computer, cookware 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ☐Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □No Yes. Describe..... \$500.00 Books, pictures, cds 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □No Yes. Describe..... \$600.00 Golf clubs, 2 bicycles

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

■ No

☐Yes. Describe......

15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Main Document Pg 18 of 56 Debtor 1 James Colby Case number (if known) 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories \square No Yes. Describe..... \$5.000.00 Family clothing and shoes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ΠNo Yes. Describe..... \$1.500.00 Gold wedding ring, 1 mans watch 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ☐Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$12,600.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ΠNo **Debtors cash** \$450.00 available Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. **□**No Institution name: Yes..... 17.1. Checking aacount at Bank of America \$250.00 \$2,200.00 Savings account at Bank of America 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

☐Yes...... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

■No

Name of entity:

% of ownership:

15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Main Document Pg 19 of 56 Debtor 1 **James Colby** Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □No Yes. List each account separately. Type of account: Institution name: 401 K with Van Eck Global \$27,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: □Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. □Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): □Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐Yes. Give specific information about them... Current value of the Money or property owed to you?

portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years......

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐Yes. Give specific information...

Official Form 106A/B

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| Deb | tor 1 | James Colby | • | Case number (if known) | |
|--------------|----------------|---|--|--|---|
| | | | | | |
| | | ts in insurance policies bles: Health, disability, or life insura | nce; health savings account (HSA | A); credit, homeowner's, or renter's insura | ance |
| | | lame the insurance company of ea Company na | | Beneficiary: | Surrender or refund value: |
| _ | If you a | erest in property that is due you are the beneficiary of a living trust, ne has died. | | ance policy, or are currently entitled to re | ceive property because |
| | Yes. (| Give specific information | | | |
| | | against third parties, whether oules: Accidents, employment disput | | | |
| | Yes. I | Describe each claim | | | |
| | Other o | contingent and unliquidated clair | ns of every nature, including co | ounterclaims of the debtor and rights | to set off claims |
| | | Describe each claim | | | |
| | Any fin INo | ancial assets you did not alread | y list | | |
| | | Give specific information | | | |
| 36. | | | | entries for pages you have attached | \$29,900.00 |
| Part | 5: De: | scribe Any Business-Related Property | You Own or Have an Interest In. Lis | t any real estate in Part 1. | |
| 37. D | o you o | wn or have any legal or equitable inte | rest in any business-related propert | y? | |
| | | to Part 6. | | | |
| | res. Gc | to line 38. | | | |
| Part | | scribe Any Farm- and Commercial Fis ou own or have an interest in farmland, li | | lave an Interest In. | |
| 46. [| | own or have any legal or equita | ble interest in any farm- or com | mercial fishing-related property? | |
| | | Go to line 47. | | | |
| | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Part | 7: De: | scribe All Property You Own or Have a | an Interest in That You Did Not List A | Above | |
| | Examp | have other property of any kind ples: Season tickets, country club m | | | |
| | No Yes. G | Sive specific information | | | |
| 54. | Add t | he dollar value of all of your entr | ies from Part 7. Write that num | ber here | \$0.00 |
| Part | 8: Lis | t the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$1,120,000.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | | \$0.00 | |

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| Debtor 1 | James Colby | Fy 21 01 50 | Case number (if known) | |
|----------------|--|----------------------------|------------------------------|----------------|
| 58. Par | rt 3: Total personal and household items, line 15 rt 4: Total financial assets, line 36 | \$12,600.00 \$29,900.00 | | |
| 59. Par | rt 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Par | rt 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Par | rt 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. Tot | tal personal property. Add lines 56 through 61 | \$42,500.00 | Copy personal property total | \$42,500.00 |
| 63. Tot | tal of all property on Schedule A/B. Add line 55 + line 62 | 2 | | \$1,162,500.00 |

Official Form 106A/B

15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Main Document Pg 22 of 56

| Fill in this infor | rmation to identify your | case: | | | |
|---------------------|--------------------------|-------------------|-------------|------------|---------|
| Debtor 1 | James Colby | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if | this i |
| | | | | amende | d filin |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - ■You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Chec | ck only one box for each exemption. | |
| Furniture, home goods, tv, computer,cookware | \$5,000.00 | | \$5,000.00 | NYCPLR § 5205(a)(5) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Books , pictures, cds Line from Schedule A/B: 8.1 | \$500.00 | • | \$500.00 | NYCPLR § 5205(a)(2) |
| Ellie Holli Schedule A.B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Golf clubs, 2 bicycles Line from Schedule A/B: 9.1 | \$600.00 | | \$600.00 | Debtor & Creditor Law § 283(1) |
| Ellic Hoff Goreage 74 B. V.1 | | | 100% of fair market value, up to any applicable statutory limit | 255(1) |
| Family clothing and shoes Line from Schedule A/B: 11.1 | \$5,000.00 | | \$5,000.00 | NYCPLR § 5205(a)(5) |
| Line Holli Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Debtors cash available Line from Schedule A/B: 16.1 | \$450.00 | | \$450.00 | NYCPLR § 5205(a)(9) |
| Line Hom Gonedale Av.D. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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Debtor 1 James Colby Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking aacount at Bank of NYCPLR § 5205(a)(9) \$250.00 \$250.00 America Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings account at Bank of America NYCPLR § 5205(a)(9) \$2,200.00 \$300.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 401 K with Van Eck Global NYCPLR § 5205(e) \$27,000.00 \$27,000.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

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|---------------------------------------|-------------------------|--|--|---------------------------|---------------------|--|
| Fill in this informat | tion to identify yoເ | ır case: | | | | |
| Debtor 1 | James Colby | | | | | |
| _ | First Name | Middle Name Last Name | | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | | |
| United States Bankr | uptcy Court for the: | SOUTHERN DISTRICT OF NEW YORK | | | | |
| | .,, | | | | | |
| Case number | | | | | | |
| (if known) | | | | _ | if this is an | |
| | | | | ameno | led filing | |
| Official Form | 1060 | | | | | |
| | | | | | | |
| Schedule D | : Creditors | Who Have Claims Secure | d by Propert | У | 12/15 | |
| Be as complete and ac | curate as possible. If | two married people are filing together, both are eq | ually responsible for sup | plying correct informatio | n. If more space is | |
| needed, copy the Addi | | number the entries, and attach it to this form. On the | | | | |
| known). | | | | | | |
| 1. Do any creditors hav | e claims secured by | your property? | | | | |
| ☐No. Check this | s box and submit th | is form to the court with your other schedules. Y | ou have nothing else to | o report on this form. | | |
| Yes. Fill in all | of the information b | pelow. | | | | |
| Part 1: List All S | ecured Claims | | | | | |
| | | nore than one secured claim, list the creditor separately | for Column A | Column B | Column C | |
| | | articular claim, list the other creditors in Part 2. As much | | Value of collateral | Unsecured | |
| as possible, list the clai | ms in alphabetical orde | er according to the creditor's name. | Do not deduct the value of collateral. | that supports this | portion | |
| 2.1 Bmw Financ | ial Services | Describe the property that secures the claim: | \$18,248.00 | claim \$0.00 | If any \$18,248.00 | |
| Creditor's Name | | BMW | | | | |
| | | | | | | |
| | | As of the data you file the claim is Observed what | | | | |
| 5515 Parkce | | As of the date you file, the claim is: Check all that apply. | | | | |
| Dublin, OH 4 | 13017 | Contingent | | | | |
| Number, Street, Cit | y, State & Zip Code | □Jnliquidated | | | | |
| | | Disputed | | | | |
| Who owes the debt? | ? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or sec | ured | | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor | 2 only | ☐Statutory lien (such as tax lien, mechanic's lien) | | | | |
| At least one of the de | ebtors and another | ☐Judgment lien from a lawsuit | | | | |
| Check if this claim in community debt | relates to a | Dther (including a right to offset) | | | | |
| community debt | | | | | | |
| | Opened | | | | | |
| | 6/19/14 | | | | | |
| B. (1.14 1.1. | Last Active | Last 4 digits of account number 7483 | | | | |
| Date debt was incurre | d 10/01/15 | Last 4 digits of account number 7483 | | | | |
| | | | | | \$1,275,504.0 | |
| 2.2 Nationstar N | lortgage LI | Describe the property that secures the claim: | \$1,275,504.00 | \$0.00 | 0 | |
| Creditor's Name | | Real Estate Mortgage | | | | |
| | | | | | | |
| | | As of the date you file, the claim is: Check all that | | | | |
| 350 Highlan | | apply. | | | | |
| Lewisville, T | | Contingent | | | | |
| Number, Street, Cit | y, State & Zip Code | □Jnliquidated | | | | |
| 14H | | Disputed | | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortgage or sector loan) | ured | | | |
| Debtor 2 only | | _ | | | | |
| Debtor 1 and Debtor | 2 only | ☐Statutory lien (such as tax lien, mechanic's lien) | | | | |

☐Judgment lien from a lawsuit

☐At least one of the debtors and another

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| Debtor 1 James Colby | | Case number (if know) | | |
|--|--|-----------------------------------|---------------------------|---------------|
| First Name Middle Na | ame Last Name | | | |
| Check if this claim relates to a community debt | Dther (including a right to offset) | | | |
| Opened 8/19/05 Last Active 4/01/14 | Last 4 digits of account number | 0264 | | |
| 2.3 Wachovia Bank | Describe the property that secures the claim | : \$1,800,000.00 | \$1,120,000.00 | \$680,000.00 |
| Creditor's Name | Single Family Home located @ 9 Brittany Court , Chappaqua | | | |
| PO Box 50014 Roanoke, VA 24040 | As of the date you file, the claim is: Check all tapply. Contingent | hat | | |
| Number, Street, City, State & Zip Code | □Jnliquidated | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage of car loan) | or secured | | |
| Debtor 1 and Debtor 2 only | ☐Statutory lien (such as tax lien, mechanic's lie | en) | | |
| At least one of the debtors and another | ☐Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | ■Other (including a right to offset) Firs Mo | st rtgage | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | | #0.000.75 | 200 | |
| Add the dollar value of your entries in Co If this is the last page of your form, add t | blumn A on this page. Write that number here: | , -, , - | | |
| Write that number here: | no donar variae totals from all pages. | \$3,093,752 | 2.00 | |
| Part 2: List Others to Be Notified fo | or a Debt That You Already Listed | | | |
| Use this page only if you have others to be to collect from you for a debt you owe to s creditor for any of the debts that you listed do not fill out or submit this page. | e notified about your bankruptcy for a debt that omeone else, list the creditor in Part 1, and the l in Part 1, list the additional creditors here. If | en list the collection agency her | e. Similarly, if you have | more than one |
| Name Address | On which | sh lina in Part 1 did yay a | enter the crediter? | |
| -NONE- | On which | ch line in Part 1 did you e | miler the creditor? | |
| | Last 4 c | ligits of account number | | |

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| | | | | 1 4 20 01 30 | | | | |
|---|---|---|--|--|---|--|---------------------------------------|---|
| Fill in t | this inform | nation to identify your | case: | | | | | |
| Debtor | 1 | James Colby First Name | Middle Mana | LastNama | | | | |
| Debtor | 2 | First Name | Middle Name | Last Name | | | | |
| (Spouse | | First Name | Middle Name | Last Name | | | | |
| United | States Ban | kruptcy Court for the: | SOUTHERN DISTRICT | F OF NEW YORK | | | | |
| | | | | | | | | |
| Case n | | | | | | □ Choo | k if thic i | ic on |
| (II KITOWIT) | , | | | | | ☐ Chec amer | nded filin | |
| | | | | | | amoi | 404 mm | 9 |
| Offic | ial Forr | n 106E/F | | | | | | |
| Sche | edule E | F: Creditors | Who Have Uns | secured Cla | aims | | | 12/15 |
| any exect Schedule D: Credit the Cont number Part 1: | cutory contra e G: Executo tors Who Ha inuation Pag (if known). | acts or unexpired leases to ory Contracts and Unexpi ive Claims Secured by Pr ge to this page. If you hav of Your PRIORITY Un | that could result in a claim. ired Leases (Official Form 1 operty. If more space is nee ve no information to report i | Also list executory 06G). Do not include eded, copy the Part y | Part 2 for creditors with NONPRI contracts on Schedule A/B: Prope any creditors with partially secur ou need, fill it out, number the enthat Part. On the top of any addition | erty (Official Forn ed claims that ar tries in the boxes | n 106A/B re listed i s on the l |) and on in Schedule left. Attach |
| | No. Go to | itors have priority unsecu Part 2. | ired claims against you? | | | | | |
| | □Yes. | | | | | | | |
| Part 2: | | of Your NONPRIORIT | Y Unsecured Claims | | | | | |
| 3. | Do any cred | itors have nonpriority uns | secured claims against you | ? | | | | |
| | □No. You ha | ave nothing to report in this | part. Submit this form to the | court with your other s | schedules. | | | |
| | Yes. | | | | | | | |
| 1 | unsecured cl | aim, list the creditor separa | ately for each claim. For each | claim listed, identify w | who holds each claim. If a creditor what type of claim it is. Do not list cla than three nonpriority unsecured cla | ims already includ ims fill out the Co | led in Par | t 1. If more |
| | | | | | | То | tal claim | |
| 4.1 | Bk Of Ar | | Last 4 digits of | of account number | 6772 | \$ | | 895.00 |
| | Po Box 9 | | When was the | e debt incurred? | Opened 4/11/14 Last Active 11/14/15 | | | |
| | | TX 79998 reet City State Zlp Code | As of the date | you file, the claim i | s: Check all that apply | | | |
| | Who incur | red the debt? Check one. | _ | • | 11.7 | | | |
| | _ | | Contingent | | | | | |
| | Debtor 1 | • | | 1 | | | | |
| | Debtor 2 | Orny | □Unliquidated | • | | | | |
| | Debtor 1 | and Debtor 2 only | Disputed | | | | | |
| | ☐At least o | one of the debtors and anoth | her Type of NONF | PRIORITY unsecured | I claim: | | | |
| | ☐Check if debt | this claim is for a comm | unity Student loar | ns | | | | |
| | | n subject to offset? | □Dbligations and report as p | | ation agreement or divorce that you | did | | |
| | No | | | • | plans, and other similar debts | | | |
| | □Yes | | Other. Spec | Credit | Card | | | |
| 4.2 | Bk Of Ar | mer | l aet 4 dinite (| of account number | 0510 | \$ | | 500.00 |
| | | Creditor's Name | | | - | Ψ | | |
| | Po Box 9 | 982235 TX 79998 | When was the | e debt incurred? | Opened 2/13/04 Last Active 11/24/15 | | | |
| | | reet City State Zlp Code | As of the date | you file, the claim is | s: Check all that apply | | | |

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| Debtor | 1 James Colby | | Case number (if know) | | | | | |
|--------|---|--|---|-----------|--------|--|--|--|
| | Who incurred the debt? Check one. | ☐Contingent | | | | | | |
| | Debtor 1 only | _ | | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | or 2 only | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | | | | | |
| | Is the claim subject to offset? | Dbligations arising out of a separant not report as priority claims | ation agreement or divorce that you did | | | | | |
| | No | Debts to pension or profit-sharing | plans, and other similar debts | | | | | |
| | ∐Yes | Other. Specify Credit | Card | | | | | |
| 4.3 | Bk Of Amer | Last 4 digits of account number | 7075 | \$ | 0.00 | | | |
| | Nonpriority Creditor's Name 1800 Tapo Canyon Ca6-914-01-91 Simi Valley, CA 93063 | When was the debt incurred? | Opened 8/19/05 Last Active 11/23/12 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | | | | | | |
| | Who incurred the debt? Check one. | Contingent | | | | | | |
| | Debtor 1 only | | | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | Check if this claim is for a community debt | ☐Student loans | | | | | | |
| | Is the claim subject to offset? | ☐Obligations arising out of a separant not report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | <u></u> Yes | Other. Specify Real E | | | | | | |
| 4.4 | Bk Of Amer | Last 4 digits of account number | 3299 | \$ | 0.00 | | | |
| | Nonpriority Creditor's Name | | | · —— | | | | |
| | 1800 Tapo Canyon Rd Simi Valley, CA 93063 | When was the debt incurred? | Opened 3/20/98 Last Active 11/09/11 | | | | | |
| - | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | ☐Contingent | | | | | | |
| | Debtor 1 only | | | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | | | | | |
| | Is the claim subject to offset? | ☐Obligations arising out of a separanot report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | plans, and other similar debts | | | | | |
| | <u></u> Yes | Other. Specify Check | | | | | | |
| 4.5 | Cbna | Last 4 digits of account number | 4391 | \$ | 485.00 | | | |
| | Nonpriority Creditor's Name | _ | | · <u></u> | | | | |

Official Form 106 E/F

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Debtor 1 James Colby Pg 28 of 56

Case number (if know)

| | Po Box 6283 Sioux Falls, SD 57117 | When was the debt incurred? Opened 4/11/15 Last Active 10/01/15 | | | |
|-----|---|---|--|----|----------|
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | Contingent | | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | □Jnliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | |
| | Check if this claim is for a community debt | ☐Student loans | | | |
| | Is the claim subject to offset? | Dbligations arising out of a sepa not report as priority claims | ration agreement or divorce that you did | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | □ Yes | Other. Specify Cred | it Card | | |
| 4.6 | Chase - Toys R Us | Last 4 digits of account number | 6477 | \$ | 0.00 |
| | Nonpriority Creditor's Name Po Box 15298 | When was the debt incurred? | Opened 6/08/07 Last Active 3/30/08 | | |
| | Wilmington, DE 19850 Number Street City State Zlp Code | | | | |
| | , , | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | Contingent | | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | ☐Jnliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐Disputed Type of NONPRIORITY unsecure | ad claim: | | |
| | At least one of the debtors and another Check if this claim is for a community | ☐Student loans | ou ciaiii. | | |
| | debt | btudent loans | | | |
| | Is the claim subject to offset? | Dbligations arising out of a sepa not report as priority claims | ration agreement or divorce that you did | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | □ Yes | Other. Specify Cred | it Card | | |
| 4.7 | Chase Bank USA, NA | Last 4 digits of account number | 3950 | \$ | 4,095.00 |
| | Nonpriority Creditor's Name PO Box 15922 | When was the debt incurred? | | | |
| | Wilmington, DE 19850 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | Contingent | | | |
| | Debtor 1 only | _ | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | | |
| | Is the claim subject to offset? | ☐Obligations arising out of a sepa not report as priority claims | ration agreement or divorce that you did | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ∐Yes | Other. Specify | | | |
| | | . , | | | |

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| Debto | or 1 James Colby | Pg 29 01 56 | Case number (if know) | | | |
|-------|--|---|--|----|-----------|--|
| 4.8 | Chase Card | Last 4 digits of account number | 6341 | \$ | 4,095.00 | |
| | Nonpriority Creditor's Name | | | | | |
| | Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/17/06 Last Active 4/01/11 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | Contingent | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | | |
| | Check if this claim is for a community debt | Student loans | | | | |
| | Is the claim subject to offset? | □Dbligations arising out of a separation agreement or divorce that you did not report as priority claims □Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | No | | | | | |
| | <u></u> Yes | Other. Specify Credit | Card | | | |
| 4.9 | Chase Card | Last 4 digits of account number | 5715 | \$ | 0.00 | |
| | Nonpriority Creditor's Name | | | | | |
| | Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 7/12/04 Last Active 4/26/11 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | Contingent | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | | | |
| | Is the claim subject to offset? | Dbligations arising out of a separa not report as priority claims | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ∐Yes | Other. Specify Credit | Card | | | |
| 4.10 | Citi | Last 4 digits of account number | 4843 | \$ | 12,967.00 | |
| | Nonpriority Creditor's Name Box 6248 | When was the debt incurred? | | _ | | |
| | Sioux Falls, SD 57117 Number Street City State Zlp Code | As of the date you file, the claim is | s: Check all that apply | | | |

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| Debtor | 1 James Colby | | Case number (if know) | | | | | |
|--------|--|---|---|----|-------------|--|--|--|
| | Who incurred the debt? Check one. | ☐Contingent | | | | | | |
| | Debtor 1 only | | | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | | |
| | Check if this claim is for a community debt | s for a community | | | | | | |
| | Is the claim subject to offset? | Dbligations arising out of a separa | ation agreement or divorce that you did | | | | | |
| | No | Debts to pension or profit-sharing | plans, and other similar debts | | | | | |
| | ☐Yes | Other. Specify | | | | | | |
| 4.11 | Citi | Last 4 digits of account number | 1246 | \$ | 0.00 | | | |
| | Nonpriority Creditor's Name | | Opened 2/01/97 Lest | | | | | |
| | Po Box 6241 Sioux Falls, SD 57117 | When was the debt incurred? Opened 3/01/87 Last Active 5/10/13 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | | | | | | |
| | Who incurred the debt? Check one. | portingent | | | | | | |
| | Debtor 1 only | D tolimoidese d | | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐Disputed Type of NONPRIORITY unsecured | I claim: | | | | | |
| | Check if this claim is for a community debt | | | | | | | |
| | Is the claim subject to offset? | ation agreement or divorce that you did | | | | | | |
| | No | not report as priority claims Debts to pension or profit-sharing | plans, and other similar debts | | | | | |
| | ☐Yes ☐Other. Specify Cred | | credit Card | | | | | |
| | | | | | | | | |
| 4.12 | Citi | Last 4 digits of account number | 6602 | \$ | 0.00 | | | |
| | Nonpriority Creditor's Name | | Opened 3/01/98 Last | | | | | |
| | Po Box 6241 Sioux Falls, SD 57117 | When was the debt incurred? | Active 2/27/13 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | s: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | Contingent | | | | | | |
| | Debtor 1 only | | | | | | | |
| | Debtor 2 only | □Jnliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | | | | | |
| | Is the claim subject to offset? | Dbligations arising out of a separa | ation agreement or divorce that you did | | | | | |
| | ■No | Debts to pension or profit-sharing | plans, and other similar debts | | | | | |
| | ∐Yes | Other. Specify Charg | e Account | | | | | |
| 4.13 | Citi Cards | Last A digite of account number | 8777 | \$ | 24,749.00 | | | |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ | _ 1,1 =0100 | | | |
| | PO Box 183113 Columbus, OH 43218 | When was the debt incurred? | | | | | | |

Main Document 15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Pg 31 of 56 Case number (if know) Debtor 1 James Colby Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No □Yes Other. Specify 4.14 0.00 Citibank Na 9671 Last 4 digits of account number Nonpriority Creditor's Name Opened 8/01/97 Last **Po Box 528** When was the debt incurred? Active 3/26/98 Pelham, NY 10803 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans debt Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No **Check Credit Or Line Of Credit** □Yes Other. Specify 4.15 0.00 Kohls/Capone 0767 Last 4 digits of account number \$ Nonpriority Creditor's Name Opened 3/21/15 Last N56 W 17000 Ridgewood Dr When was the debt incurred? Active 7/24/15 Menomonee Falls, WI 53051

Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only Debtor 2 only ■Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another Check if this claim is for a community ☐Student loans Is the claim subject to offset? Dbligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Charge Account □Yes Other. Specify

4.16 Midland Crt c/o Foster & Garbu

Last 4 digits of account number 3546

Nonpriority Creditor's Name

Official Form 106 E/F

3,560.00

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| Debtor | 1 James Colby | | Case number (if know) | |
|--------|---|---|--|------------|
| | PO Box 9030 Commack, NY 11725 | When was the debt incurred? | | |
| - | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | Contingent | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | □Jnliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | |
| | Is the claim subject to offset? | □Obligations arising out of a separ not report as priority claims | ration agreement or divorce that you did | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | <u></u> Yes | Other. Specify | | |
| 4.17 | Specialized Loan Servi | Last 4 digits of account number | 4054 | \$ 0.00 |
| | Nonpriority Creditor's Name | | | |
| | 8742 Lucent Blvd Ste 300 Highlands Ranch, CO 80129 | When was the debt incurred? | Opened 8/19/05 Last Active 11/13/09 | |
| - | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | Contingent | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | □Jnliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐Check if this claim is for a community debt | Student loans | | |
| | Is the claim subject to offset? | Dbligations arising out of a separ | | |
| | No | Debts to pension or profit-sharing | plans, and other similar debts | |
| | ∐Yes | Other. Specify Real I | Estate Mortgage | |
| 4.18 | Syncb/Amer Eagle | | 2583 | 0.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | \$ 0.00 |
| | Po Box 965005 Orlando, FL 32896 | When was the debt incurred? | Opened 12/15/06 Last Active 3/05/07 | |
| - | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | Contingent | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | □Jnliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐Check if this claim is for a community debt | ☐Student loans | | |
| | Is the claim subject to offset? | Dbligations arising out of a separ not report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | Other. Specify Charg | ge Account | |

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| Debtor ' | James Co | olby | | Case r | number (if know) | | | | |
|--------------------|---|-----------------------------------|--|---|------------------------------|--------------------------|---------------|--|--|
| 4.19 | Syncb/Bana | ana Rep | Last 4 digits of account number | 6141 | | \$ | 0.00 | | |
| | Nonpriority Creditor's Name Po Box 965005 Orlando, FL 32896 | | | | | · | | | |
| | | | When was the debt incurred? | When was the debt incurred? Opened 10/22/07 Last Active 3/02/08 | | | | | |
| | • | City State Zlp Code | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred | the debt? Check one. | Contingent | | | | | | |
| | Debtor 1 only | 1 | | | | | | | |
| | Debtor 2 only | | □Jnliquidated | | | | | | |
| | Debtor 1 and | Debtor 2 only | Disputed | | | | | | |
| | ☐At least one o | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐Check if this debt | claim is for a community | ☐Student loans | | | | | | |
| | | bject to offset? | Dbligations arising out of a separ not report as priority claims | ation agreer | ment or divorce that you did | | | | |
| | No | | Debts to pension or profit-sharing | plans, and | other similar debts | | | | |
| | ∐Yes | | Other. Specify Charg | je Accou | int | | | | |
| 4.20 | Toyota Mot | or Credit Co | Last 4 digits of account number | M568 | | \$ | 0.00 | | |
| | Nonpriority Cred | ditor's Name | | | 1.5/00/05.1 | | | | |
| | Po Box 8 | | When was the debt incurred? | | ed 5/02/05 Last 4/02/09 | | | | |
| | | i, MA 01824 | when was the dept incurred: | ACTIVE | 4/02/03 | | | | |
| = | Number Street | City State Zlp Code | As of the date you file, the claim i | is: Check al | I that apply | | | | |
| | Who incurred | the debt? Check one. | Contingent | | | | | | |
| | Debtor 1 only | 1 | | | | | | | |
| | Debtor 2 only | | □Jnliquidated | | | | | | |
| | Debtor 1 and | Debtor 2 only | Disputed | | | | | | |
| | ☐At least one of | of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐Check if this debt | claim is for a community | ☐Student loans | | | | | | |
| | Is the claim su | bject to offset? | ☐Obligations arising out of a separ not report as priority claims | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | No | | Debts to pension or profit-sharing | plans, and | other similar debts | | | | |
| | ∐Yes | | Other. Specify Auto | Lease | | | | | |
| | | | | | | | | | |
| Part 3: | List Other | s to Be Notified About a De | ebt That You Already Listed | | | | | | |
| trying t more t | to collect from han one credito | you for a debt you owe to some | bout your bankruptcy, for a debt that eone else, list the original creditor in l listed in Parts 1 or 2, list the addition | Parts 1 or 2 | then list the collection ag | gency here. Similarly, i | if you have | | |
| - | and Address | • | On which entry in Part 1 or Pa | ort2 did v | ou list the original cros | ditor? | | | |
| -NONE | |) | Line of (Check one): | Part 1: | Creditors with Priority | Unsecured Claim | | | |
| | | | Last 4 digits of account numb | | Creditors with Nonprio | ority Unsecured Cl | aims | | |
| | | | | <u></u> | | | | | |
| Part 4: | | mounts for Each Type of U | | ronorting n | | IEO Add the amounts | for each time | | |
| | ne amounts of ecured claim. | oeriani types of unsecured clai | ms. This information is for statistical | reporting p | uu puses uilly. 20 U.S.U. §1 | Ja. Aud the amounts | тог еасп туре | | |
| | 6- | Domostic support obligation | c | 60 | Total claim | 0.00 | | | |
| Total cla | 6a. iims | Domestic support obligation | 3 | 6a. | \$ | 0.00 | | | |
| from Pa | | Taxes and certain other debt | | 6b. | \$ | 0.00 | | | |
| | 6c. | - | injury while you were intoxicated | 6c. | \$ | 0.00 | | | |
| | 6d. | Other. Add all other priority un: | secured claims. Write that amount here. | 6d. | \$ | 0.00 | | | |

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Debtor 1 James Colby Case number (if know)

| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
|--------------|------------|--|------------|-------------|-----------|
| Total claims | 6f. | Student loans | 6f. | Total Claim | 0.00 |
| from Part 2 | 6g. 6h. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | • | \$ | 51,346.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 51,346.00 |

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| Fill in this infor | rmation to identify your | case: | | |
|---|--------------------------|-------------------|-------------|--|
| Debtor 1 | James Colby | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | SOUTHERN DISTRICT | OF NEW YORK | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 BMW Financial PO Box 9001065 Louisville, KY 40290 15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Main Document

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|---|--|--|---|---|---|
| Fill in this | s information to identify your | case: | | | |
| Debtor 1 | James Colby | | | | |
| D 1. 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | | |
| Case num | nber | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Officia | l Form 106H | | | | |
| Sched | dule H: Your Code | ebtors | | | 12/15 |
| | | | | | |
| people are fill it out, a your name | and number the entries in the e and case number (if known) | ally responsible for supp boxes on the left. Attach . Answer every question. | olying correct informat the Additional Page to | ion. If more space is need o this page. On the top of | led, copy the Additional Page, |
| 1. Do | you have any codebtors? (If y | ou are filing a joint case, o | do not list either spouse | as a codebtor. | |
| □No ■Yes | ; | | | | |
| | thin the last 8 years, have you na, California, Idaho, Louisiana, | | | | ates and territories include |
| ■No | Go to line 3. | | | | |
| | . Did your spouse, former spous | se, or legal equivalent live | with you at the time? | | |
| in line Form | | f that person is a guaran | tor or cosigner. Make | sure you have listed the c | ith you. List the person shown reditor on Schedule D (Official nedule E/F, or Schedule G to |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZII | P Code | | Column 2: The credito Check all schedules that | or to whom you owe the debt at apply: |
| | Kathleen Colby 9 Brittany Court Chappaqua, NY 10514 | | | □Schedule D, line _ □Schedule E/F, line □Schedule G | |

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| | | | | | | 1 | | | | |
|--------------------|--|---|--|------------|----------------|-----------------------------|--------------------|------------------------|-----------------------------|-------------------|
| Fill | in this information to identify your c | | | | | | | | | |
| Del | otor 1 James Colb | у | | | _ | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : SOUTHERN DISTRIC | T OF NEW YORK | | _ | | | | | |
| | se number | | | | | | mended opleme | nt showin | ng postpetition | |
| 0 | fficial Form 106I | | | | | <u> </u> | DD/ Y | /// | · · | |
| S | chedule I: Your Inc | ome | | | | 1011017 | <i>DD</i> / 11 | | | 12/15 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment** | are married and not fill r spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse | is liv mati | ing with you on about yo | u, inclu ur spo | ıde infor use. If m | mation abou ore space is | t your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | De | btor 2 | or non-fi | iling spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | | | | ■Employed | | | |
| | | Employment status | ☐Not employed | | | | Not emp | oloyed | | |
| | employers. | Occupation | Financial Service | es | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed to | here? | | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | report for | any | line, write \$0 |) in the | space. Ir | nclude your no | on-filing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information | on for all | empl | oyers for tha | t perso | n on the | lines below. If | you need |
| | | | | | | For Debtor | 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 16,650 | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | (| 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 16,650.0 | 0 | \$ | 0.00 | |

Official Form 106I Schedule I: Your Income page 1

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| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for voluntary for volu | Debtor | · 1 - | James Colby | _ | C | Case number (<i>if kn</i> | own) | | | | |
|--|--------------|-----------------------|---|------------|-----|----------------------------|------|--------|------------|------|----------|
| S. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. No. 0.00 \$ 0.00 5c. Insurance 5c. No. 0.00 \$ 0.00 5c. Insurance 5c. 0.00 \$ 0.00 5c. Insurance 5c. 0.00 \$ 0.00 5c. Union dues 5c. 0.00 \$ 0.00 5c. 0.00 | | | | | | For Debtor 1 | | | | | |
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. S. 0.00 \$ 0.00 5d. 0. | (| Сору | y line 4 here | 4. | | \$ 16.650 | .00 | | i-iiiiig s | • | |
| 5a. Tax, Medicare, and Social Security deductions 5b. S. 0.00 \$ 0.00 | | | | | | | | _ | | | <u></u> |
| 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary fund fund fund fund fund fund fund fund | 5. l | _ist | | | | | | | | | |
| 5c. Voluntary contributions for retirement plans 5d. Sequired repayments of retirement fund loans 5d. S 0.00 \$ 0.00 5d. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5f. Calculate total monthly take-home pay. Subtract line 6 from line 4 5f. \$ 0.00 \$ 0.00 5f. Calculate total monthly take-home pay. Subtract line 6 from line 4 5f. S 0.00 \$ 0.00 5f. Calculate total monthly take-home pay. Subtract line 6 from line 4 5f. Net income from rental property and from operating a business, profession, or farm 5f. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 5g. Family support payments that you, a non-filing spouse, or a dependent regularly receive 5g. Family support payments that you, a non-filing spouse, or a dependent regularly receive 5g. 0.00 \$ 0.00 5g. 0.00 5g | | | · · · · · · · · · · · · · · · · · · · | | | · | | | | | |
| 5e. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5e. S 0.00 \$ 0.00 5g. Union dues 5g. \$ 0.00 \$ 0.00 5g. | | | · | | | : | | | | | |
| 5e. Insurance 5f. Domestic support obligations 5f. \$ 0.00 \$ 0.00 5g. Union dues 5g. \$ 0.00 \$ 0.00 5h. | | | | | | · | | · — | | | |
| 56. Domestic support obligations 59. Union dues 59. Union dues 59. Union dues 59. Union dues 59. 0.00 \$ 0.00 59. 0.00 59. 0.00 \$ 0.00 59. 0.00 59. 0.00 \$ 0.00 59. 0.00 59. 0.00 \$ 0.00 59. 0.00 59. 0.00 \$ 0.00 59. 0.00 5 | | | , , , , | | | : | | | | | |
| 5h. Other deductions. Specify: 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 16,650.00 \$ 0.00 16,650.00 \$ 0.00 16,650.00 \$ 0.00 18a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8pecify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. \$ 16,650.00 \$ 0.00 11. \$ 16,650.00 \$ 0.00 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 13. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 10. On to include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.10 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Polymental northly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increas | 5 | ōf. | Domestic support obligations | 5f. | | | | \$ | | | |
| 3. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 3. Calculate total monthly take-home pay. Subtract line 6 from line 4. 3. List all other income regularly received: 3. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 0.00 \$ 0.00 8. Social Security 8e. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8h. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members | 5 | īg. | Union dues | 5g. | | \$ 0 | .00 | \$ | | 0.0 | 0 |
| Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 16,650.00 \$ 0.00 List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$ 0.00 \$ 0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (henefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 16,650.00 + \$ 0.00 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frights or contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frights or contributions from an unmarried partner, members of your household, your dependents, your roommates, and other frights or relatives. 10. Do you expect an increase or decrease within the year after you file this form? | 5 | ōh. | Other deductions. Specify: | 5h | .+ | \$ 0 | .00 | + \$ _ | | 0.0 | 0 |
| 3. List all other income regularly received: 3a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 3b. Interest and dividends 3c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement. 3c. Social Security 3d. Social Security 3d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 3pecify: 3g. Pension or retirement income 3g. \$ 0.00 \$ 0.00 3h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 3g. \$ 0.00 \$ 0.00 4d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 4d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. 4d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 1. +\$ 0.1 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Stat | 6. <i>i</i> | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$0 | .00 | \$_ | | 0.0 | 0_ |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8c. Social Security 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8c. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.1 Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 7. (| Calc | rulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$16,650 | .00 | \$_ | | 0.0 | 0_ |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Unemployment compensation 8d. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrifion Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the regular contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.1 Combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 10. Do you expect an increase or decrease within the year after you file this form? | | | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | | | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8f. \$ 0.00 \$ 0.00 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. No. | | | monthly net income. | 8a | | \$0 | .00 | | | 0.0 | 0_ |
| regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | | | | | | \$0 | .00 | \$ | | 0.0 | 0 |
| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 8 | BC. | regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | \$ 0 | 00 | \$ | | 0.0 | 0 |
| 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 8 | 3d. | | | | · | | | | | |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$0.00 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. 4\$0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. Include cash assistance from the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. | 8 | Зe. | • • | 8e. | | | | | | | |
| Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. No. | 8 | 3g. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g. | | \$ 0 | .00 | \$ | | 0.0 | 0 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. No. | 8 | 3h. | Other monthly income. Specify: | 8h | .+ | \$0 | .00 | + \$_ | | 0.0 | <u>0</u> |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income. Do you expect an increase or decrease within the year after you file this form? No. | 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | S0 | .00 | \$_ | | 0. | 00 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.0 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income. Do you expect an increase or decrease within the year after you file this form? No. | 10. (| Calc | ulate monthly income. Add line 7 + line 9. | 10. | \$ | 16.650.00 | + \$ | | 0.00 | = \$ | 16.650.0 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? | | | · · · · · · · · · · · · · · · · · · · | | · — | 10,000.00 | ' - | | | ' - | 10,00010 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{16,650.0}{Combined}\$ 13. Do you expect an increase or decrease within the year after you file this form? No. |] [| nclu othei Oo n | de contributions from an unmarried partner, members of your household, your friends or relatives. In the contributions from an unmarried partner, members of your household, your friends or relatives. In the contributions from an unmarried partner, members of your household, your friends or relatives. | ır depe | | • | | | Schedu | | 0.0 |
| monthly income Bo you expect an increase or decrease within the year after you file this form? No. | ١ | <i>N</i> rite | e that amount on the Summary of Schedules and Statistical Summary of Cert | | | | | | | \$ | 16,650.0 |
| | 13. [| Эо у | ou expect an increase or decrease within the year after you file this forn | 1? | | | | | | | |
| | 1 | | No. | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| EHIL. | in this informer | tion to identify | ur eeee | | | | | |
|--------|-------------------------------|---|-----------------------|---|---|--------------------------------------|--|--|
| | in this iniorna | tion to identify yo | our case. | | | | | |
| Debt | tor 1 | James Colby | <u> </u> | | | | k if this is: | |
| Debt | tor 2 | | | | | | An amended filing A supplement shov | ving postpetition chapter |
| (Spc | ouse, if filing) | | | | | | | the following date: |
| Unite | ed States Bankr | uptcy Court for the: | SOUTH | HERN DISTRICT OF NEW | YORK | Ī | MM / DD / YYYY | |
| Case | e numbe r | | | | | | | |
| (If kr | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your I | Exper | ises | | | | 12/1 |
| Be a | as complete a | and accurate as | possible eded, att | . If two married people a ach another sheet to this | | | | |
| Part | t 1: Descr | ibe Your House | hold | | | | | |
| ١. | _ | | | | | | | |
| | ■No. Go to Tyes. Does | ııne ∠. s Debtor 2 live ir | n a separa | ate household? | | | | |
| | □No | | | | | | | |
| | □ Ye | s. Debtor 2 must | file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | hold of Debto | or 2. | |
| 2. | Do you have | e dependents? | □No | | | | | |
| | Do not list D and Debtor 2 | | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □No |
| | dependents | names. | | | son | | 14 | Yes |
| | | | | | son | | 14 | □No ■Yes |
| | | | | | 3011 | | | ■Yes □No |
| | | | | | son | | 14 | ■Yes |
| | | | | | Daughter | | 22 | □No ■X |
| 3. | Do your exp | enses include | _ | No | Daugittei | | | ■Yes |
| | expenses of | f people other tl | han _ | Yes | | | | |
| | yourself and | d your depender | nts? — | | | | | |
| exp | imate your ex | ate Your Ongoing penses as of your a date after the b | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a sup | you are using this for plemental Schedule | orm as a su e <i>J</i> , check th | pplement in a Cha ne box at the top o | apter 13 case to report of the form and fill in the |
| | | | | government assistance cluded it on Schedule I: | | | | |
| | icial Form 10 | | u nave m | ciuded it on <i>Schedule I.</i> | rour income | | Your exp | enses |
| 4. | | or home owners | | nses for your residence. I or lot. | Include first mortgag | e 4. \$ | | 11,200.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | maintenance, re owner's associat | | upkeep expenses | | 4c. \$ 4d. \$ | | 0.00 |
| 5. | | | | oominium dues our residence, such as ho | ome equity loans | 4a. \$ 5. \$ | | 0.00 0.00 |

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| otor 1 | James C | olby | Ca | se numl | ber (if known) | |
|-------------|----------------|--|------------------------|-----------------|----------------|--------------------------|
| Util | ities: | | | | | |
| 6a. | Electricity, | heat, natural gas | | 6a. | \$ | 700.00 |
| 6b. | Water, sev | wer, garbage collection | | 6b. | \$ | 60.00 |
| 6c. | Telephone | e, cell phone, Internet, satellite, and cable service | es | 6c. | \$ | 245.00 |
| 6d. | Other. Spe | ecify: cell | | 6d. | \$ | 500.00 |
| Foo | | ekeeping supplies | | - 7. | \$ | 1,500.00 |
| | | children's education costs | | 8. | \$ | 0.00 |
| | | ry, and dry cleaning | | 9. | \$ | 450.00 |
| | · · | products and services | | 10. | · | 250.00 |
| | - | ntal expenses | | 11. | | 185.00 |
| | | Include gas, maintenance, bus or train fare. | | | – | |
| | not include c | | | 12. | \$ | 600.00 |
| | | clubs, recreation, newspapers, magazines, a | and books | 13. | \$ | 600.00 |
| | | ributions and religious donations | | 14. | \$ | 350.00 |
| | urance. | • • • • • • • • | | | · - | 223100 |
| | | surance deducted from your pay or included in | lines 4 or 20. | | | |
| | . Life insura | , , , | | 15a. | \$ | 1,500.00 |
| 15b | . Health ins | urance | | 15b. | \$ | 0.00 |
| 15c | . Vehicle ins | surance | | 15c. | \$ | 300.00 |
| 15d | . Other insu | rance. Specify: | | 15d. | | 0.00 |
| | | clude taxes deducted from your pay or included | I in lines 4 or 20. | - | - | 3.00 |
| Spe | ecify: | | | 16. | \$ | 0.00 |
| | | ease payments: ents for Vehicle 1 | | 17a. | \$ | 655.00 |
| | . , | ents for Vehicle 2 | | 17b. | · | 0.00 |
| | | | | 17b. | · | |
| | . Other Spe | | | 170. 17d. | · | 0.00 |
| | . Other. Spe | | 414 | _ 17 u . | Ф | 0.00 |
| | | of alimony, maintenance, and support that y your pay on line 5, Schedule I, Your Income | | 18. | \$ | 0.00 |
| | | s you make to support others who do not live | | | \$ | 0.00 |
| | ecify: | you make to support suitors with do not inve | o man your | 19. | <u> </u> | 0.00 |
| | | erty expenses not included in lines 4 or 5 of | this form or on Schedu | _ | our Income | |
| | | s on other property | and to more on concau | 20a. | | 0.00 |
| | . Real estat | | | 20b. | | 0.00 |
| | | nomeowner's, or renter's insurance | | 20c. | | 0.00 |
| | | nomeowners, or remers insurance nce, repair, and upkeep expenses | | 20d. | | |
| | | | | | | 400.00 |
| | | er's association or condominium dues | | 20e. | · . | 0.00 |
| | er: Specify: | | | 21. | +\$ | 0.00 |
| | | monthly expenses | | | | |
| | . Add lines 4 | • | | | \$ | 19,495.00 |
| 22b | . Copy line 2: | 2 (monthly expenses for Debtor 2), if any, from | Official Form 106J-2 | | \$ | _ |
| 22c | . Add line 22a | a and 22b. The result is your monthly expenses | S. | | \$ | 19,495.00 |
| Cal | culate your i | monthly net income. | | | | |
| | | 12 (your combined monthly income) from Sched | dule I. | 23a. | \$ | 16,650.00 |
| | | monthly expenses from line 22c above. | | 23b. | · · | 19,495.00 |
| _00 | , , Jun | , | | | | 10,400.00 |
| 23c | | our monthly expenses from your monthly incom | ie. | 00- | · · | -2 04E 00 |
| | The result | is your monthly net income. | | 23c. | \$ | -2,845.00 |
| For e | example, do yo | an increase or decrease in your expenses wi u expect to finish paying for your car loan within the yea terms of your mortgage? | | | | e or decrease because of |
| ■N | lo. | | | | | |
| \square Y | es. | Explain here: | | | | |
| | | Explain here: | | | | |

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| Debtor 1 | James Colby | | | | |
|------------------------|--|-----------------------------|--------------------------|--|--|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the | SOUTHERN DISTRIC | T OF NEW YORK | | |
| Case num (if known) | nber | | | | ☐ Check if this is an amended filing |
| | Form 106Dec aration About | an Individual | Debtor's \$ | Schedules | 12/15 |
| If two mar | ried people are filing toget | her, both are equally resp | onsible for supplying | g correct information. | |
| obtaining | | d in connection with a bar | | | atement, concealing property, or 000, or imprisonment for up to 20 |
| | Sign Below | | | | |
| Did y | you pay or agree to pay sor | neone who is NOT an atto | orney to help you fill o | out bankruptcy forms? | |
| | No | | | | |
| | Yes. Name of person | | | . Attach Bankruptcy Pet and Signature (Official F | tition Preparer's Notice, Declaration, Form 119). |
| | r penalty of perjury, I decla hey are true and correct. | re that I have read the sur | mmary and schedule | s filed with this declara | ition and |
| X / | s/ James Colby | | Х | | |
| J | lames Colby Signature of Debtor 1 | | | re of Debtor 2 | |

Date

Date December 3, 2015

Fill in this information to identify your case:

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| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Fart 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | |
|--|-----------------------|-------------------------------|--|--|--------------------------------|----------------------------|-----------------------|
| Debtor 2 Print Name Model Name Last Name Last Name | Fill in t | this inform | ation to identify you | ır case: | | | |
| Debtor 2 (Square A Bling) First Name Middle Name Last Name Case number (Ithous) First Name Middle Name Last Name | Debtor | 1 | James Colby | | | | |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK Case number (If known) Consider the state of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement of Financial Affairs for Individuals Filing for Bankruptcy Tatement | | | First Name | Middle Name | Last Name | | |
| Case number (If known) Check if this is an amended filing | | | First Name | Middle Name | Last Name | | |
| Case number (If known) | United | States Ban | kruptcy Court for the: | SOUTHERN DISTRICT | OF NEW YORK | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 108 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (it known). Answer every question. Part II: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married | | | | - | | | |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married No Tyes. List all of the places you lived anywhere other than where you live now? Debtor 1 Prior Address: Dates Debtor 1 Ilived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community proststess and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Check all that apply. Gross income Check all that apply. Gross income Check all that apply. Gross income Check all that apply. | | | | | | | ☐ Check if this is an |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married No Yes. List all of the places you lived anywhere other than where you live now? Debtor 1 Prior Address: Dates Debtor 1 lived there lived there 1. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prostates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income (Check all that apply). (before deductions and Check all that apply). (before deductions and Check all that apply). | | | | | | | _ |
| Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married Not married No married No married Not married No married Not married Not married Not married Not married Not married Not married No married | State Be as c informa | omplete ar | of Financial nd accurate as possore space is needed | ible. If two married people, attach a separate sheet t | e are filing together, both a | re equally responsible for | |
| 1. What is your current marital status? ■ Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? ■ No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prostates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) ■ No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ■ No Yes. Fill in the details. Debtor 1 Sources of income Gross income Check all that apply. (before deductions and Check all that apply). | | | , | | ou Lived Before | | |
| During the last 3 years, have you lived anywhere other than where you live now? No No Nest List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 No Net not not not not not not not not not no | | | | | | | |
| During the last 3 years, have you lived anywhere other than where you live now? No No Nest List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 No Net not not not not not not not not not no | _ | | | | | | |
| 2. During the last 3 years, have you lived anywhere other than where you live now? No | | | ied | | | | |
| No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: | _ | | | lived amount are ath an than | | | |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prostates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Gross income Check all that apply. Gross income Check all that apply. Detail Income Check all that apply. | 2. Du | ring the ia | st 3 years, nave you | nived anywhere other tha | n where you live now? | | |
| Debtor 1 Prior Address: Dates Debtor 1 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Dates Debtor 2 lived there Debtor 2 Prior Address: Dates Debtor 2 lived there Debtor 3 Prior Address: Dates Debtor 4 lived there Dates Debtor 1 lived there Dates Debtor 1 lived there Dates Debtor 2 lived there Dates Dates Debtor 2 lived there Dates Debtor 2 lived there Dates Dates Dates Debtor 2 lived there Dates Date | | No | | | | | |
| S. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prostates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. | | Yes. List | all of the places you | lived in the last 3 years. Do | not include where you live no | DW. | |
| No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. Gross income (before deductions and Check all that apply. | De | ebtor 1 Pri | or Address: | | 1 Debtor 2 Prior A | ddress: | |
| No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. | | | | | | | |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. | siales a | па теппопе | es include Anzona, Ca | alliornia, idano, Louisiana, r | nevada, inew iviexico, Puerto | Rico, rexas, washington ar | id Wisconsin.) |
| Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. | _ | | | | | | |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. Gross income (before deductions) | | Yes. Mal | ke sure you fill out <i>Sc</i> | hedule H: Your Codebtors (| Official Form 106H). | | |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply. | Part 2 | Explair | the Sources of You | ır Income | | | |
| Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Check all that apply. Debtor 2 Gross income Check all that apply. (before deductions and Check all that apply. | Fill | in the total ou are filing | amount of income you g a joint case and you | ou received from all jobs and | d all businesses, including pa | rt-time activities. | calendar years? |
| Sources of income Check all that apply. Gross income (before deductions and Check all that apply. Gross income Check all that apply. Gross income Check all that apply. Gross income Check all that apply. | Ц | res. Fill | ın me detalis. | | | | |
| Check all that apply. (before deductions and Check all that apply. (before deductions) | | | | | | Debtor 2 | |
| | | | | | (before deductions and | | (before deductions |

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| Dο | htor 1 | la | mes Colb | ., | | Pg 43 of 56 | Cas | e number (if known) | | | |
|----------|---------------------------|-----------------------------|----------------------------|--------------------------------|---|---|---------------------------------|--|-----------------------------|--|-------|
| DC | DIOI I | Jai | illes Colb | у | | | _ | e namber (# known) | | | |
| 5. | Includ | de ind ployr | come regard ment, and o | dless of whe ther public b | ne during this year or the t ther that income is taxable. I enefit payments; pensions; ou are filing a joint case and | Examples of other in rental income; interest | <i>come</i> are est; dividen | alimony; child supp nds; money collecte | d from law | suits; royalties; and | I |
| | List e | ach s | source and | the gross inc | come from each source sepa | arately. Do not includ | de income | that you listed in lin | ıe 4. | | |
| | | No | | | | | | | | | |
| | | | Fill in the de | etails. | | | | | | | |
| | | | | | Debtor 1 | | | Debtor 2 | | | |
| | | | | | Sources of income Describe below | Gross income (before deduct exclusions) | | Sources of inco | | Gross income (before deduction and exclusions) | |
| | | | dar year: December | 31, 2014) | | | \$0.00 | | | | |
| <u>`</u> | r tha a | alone | dar year be | fore that: | | | ¢0.00 | | | | |
| (Ja | nuary | 1 to | December | 31, 2013) | | | \$0.00 | | | | |
| | | | | | | | | | | | |
| Pa | rt 3: | List | Certain Pa | yments Yo | u Made Before You Filed fo | or Bankruptcy | | | | | |
| 6. | Are e | ither | | | 2's debts primarily consur | | | | | | |
| | | No. | | | Debtor 2 has primarily cor a personal, family, or house | | sumer deb | ts are defined in 11 | U.S.C. § 1 | 01(8) as "incurred b | oy ar |
| | | | · | , | | | | | | | |
| | | | During the No. | 90 days bet Go to line | ore you filed for bankruptcy, | did you pay any cre | editor a tota | al of \$6,225* or moi | e? | | |
| | | | ☐ Yes | | each creditor to whom you | paid a total of \$6.225 | 5* or more | in one or more pay | ments and | I the total amount v | ou |
| | | | | paid that on not include | reditor. Do not include payme payments to an attorney font on 4/01/16 and every 3 ye | nents for domestic so r this bankruptcy ca | upport obli se. | gations, such as ch | ild support | and alimony. Also, | |
| | • | Yes. | | | or both have primarily cor ore you filed for bankruptcy, | | editor a tota | al of \$600 or more? | | | |
| | | | No. | Go to line | 7. | | | | | | |
| | | | ☐ Yes | | each creditor to whom you | | | | | | |
| | | | | | yments for domestic suppor y for this bankruptcy case. | t obligations, such a | s child sup | pport and alimony. A | Also, do no | t include payments | to |
| | Crec | ditor' | s Name and | d Address | Dates of payr | nent Total a | amount paid | Amount you still owe | Was this | payment for | |
| 7. | Inside corpo includ | ers in oration ding c | clude your ins of which | relatives; any you are an o | or bankruptcy, did you mak y general partners; relatives officer, director, person in co operate as a sole proprietor. | of any general partn ntrol, or owner of 20 | ers; partne % or more | erships of which you of their voting secu | u are a ger urities; and | neral partner; I any managing age | |
| | | No | | | | | | | | | |
| | | Yes. | List all payr | ments to an i | nsider | | | | | | |
| | Insid | der's | Name and | Address | Dates of payr | nent Total a | amount paid | Amount you still owe | Reason f | or this payment | |
| 8. | insid | er? ¯ | | • | or bankruptcy, did you mak | | transfer a | any property on ac | count of a | a debt that benefite | ed a |
| | | No | | | | | | | | | |
| | | Yes. | List all payr | nents to an i | nsider | | | | | | |

Total amount paid

Dates of payment

Amount you still owe

Insider's Name and Address

Reason for this payment Include creditor's name

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more than \$600

Charity's Name

Describe what you contributed

Value

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total

Address (Number, Street, City, State and ZIP Code)

Dates you

contributed

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Pg 45 of 56 Debtor 1 James Colby Case number (if known) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No Yes. Fill in the details. Person Who Was Paid Description and value of any property **Date payment** Amount of Address transferred or transfer was payment made Email or website address Person Who Made the Payment, if Not You Garvey, Tirelli & Cushner Decemeber 2, \$15,000.00 50 Main Street 2015 White Plains, NY 10606 **US Bankruptcy Court** Dec 2, 2015 \$1,770.00 300 Quarropas Street White Plains, NY 10601 **Credit Counseling** Dec 3, 2015 \$25.00 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details.

Address

Description and value of

property transferred

Person Who Received Transfer

Person's relationship to you

Date transfer was

made

Describe any property or

paid in exchange

payments received or debts

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Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1 James Colby Case number (if known)

| | No | otection devices.) | | | | | |
|--|---|---|-------------------------------|---|---|--|--|
| | Yes. Fill in the details. Name of trust | Description and v | alue of the propert | y transferred | Date Transfer was made | | |
| Paı | t 8: List of Certain Financial Accounts, Ins | struments, Safe Deposit | t Boxes, and Stora | ge Units | | | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated No | or other financial accou | nts; certificates of | • | • | | |
| | ☐ Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account of instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details. | afe deposit box or other depo | sitory for securities, | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | | scribe the contents | Do you still have it? | | |
| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | scribe the contents | Do you still have it? | | |
| Pai | t 9: Identify Property You Hold or Control | for Someone Else | | | | | |
| 23. | Do you hold or control any property that so for someone. | meone else owns? Inclu | ude any property yo | ou borrowed from, are storing | for, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | scribe the property | Value | | |
| Pai | t 10: Give Details About Environmental Info | ormation | | | | | |
| or | the purpose of Part 10, the following definition | ons apply: | | | | | |
| | Environmental law means any federal, state toxic substances, wastes, or material into the | | _ | • | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.

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Debtor 1 James Colby Case number (if known)

| 24. | Has | s any governmental unit notified you tha | at you | u may be liable or potentially liable | e un | der or in violation of an environm | nental law? |
|-------------|--|--|---------|--|-------|------------------------------------|--------------------|
| | | No Yes. Fill in the details. | | | | | |
| | | me of site Idress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 25. | Hav | ve you notified any governmental unit of | f any | release of hazardous material? | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | nme of site Idress (Number, Street, City, State and ZIP Code) | | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 26. | Hav | ve you been a party in any judicial or add | minis | strative proceeding under any env | riron | nmental law? Include settlements | and orders. |
| | | No Yes. Fill in the details. | | | | | |
| | | se Title se Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case |
| Pa | rt 11: | Give Details About Your Business or | Con | nections to Any Business | | | |
| 27. | ### Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name | | | | | | r |
| | | | | | | Dates business existed | |
| 28. | | hin 2 years before you filed for bankrup titutions, creditors, or other parties. No Yes. Fill in the details below. | otcy, (| did you give a financial statement | to a | anyone about your business? Incl | ude all financial |
| | Ad | ime Idress mber, Street, City, State and ZIP Code) | Da | te Issued | | | |
| Pa | rt 12: | : Sign Below | | | | | |
| are with | true 1 a b | ead the answers on this Statement of Finance and correct. I understand that making a ankruptcy case can result in fines up to C. §§ 152, 1341, 1519, and 3571. | a fals | e statement, concealing property, | or c | obtaining money or property by fr | |
| Ja | mes | nes Colby Colby Ire of Debtor 1 | | Signature of Debtor 2 | | | |
| Da | te | December 3, 2015 | | Date | | | |
| | | | | | | | |

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Debtor 1 James Colby

Case number (if known)

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 15-23738-rdd Doc 1 Filed 12/03/15 Entered 12/03/15 10:59:28 Main Document Pg 53 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of New York

| In r | e James Colby | | | Case No. | | | | |
|------|--|---|--|---------------------------|---------------------|-----------------|--|--|
| | | | Debtor(s) | Chapter | 11 | | | |
| | DISC | CLOSURE OF COM | MPENSATION OF ATTORN | EY FOR DE | EBTOR(S) | | | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | | | |
| | For legal services | , I have agreed to accept | | \$ | 15,000.00 | | | |
| | | | ceived | \$ | 15,000.00 | | | |
| | Balance Due | | | \$ | 0.00 | | | |
| 2. | The source of the comp | pensation paid to me was: | | | | | | |
| | Debtor | ☐ Other (specify): | | | | | | |
| 3. | The source of compens | sation to be paid to me is: | | | | | | |
| | ■ Debtor | ☐ Other (specify): | | | | | | |
| 4. | ■ I have not agreed t | to share the above-disclose | d compensation with any other person unle | ess they are mem | bers and associates | of my law firm. | | |
| | | | ompensation with a person or persons who the names of the people sharing in the con | | | law firm. A | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | | |
| | Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. | | | | | | | |
| 6. | Representa | debtor(s), the above-disclostion of the debtors in a dversary proceeding. | osed fee does not include the following ser any dischargeability actions, judicial | rvice: I lien avoidanc | es, relief from st | ay actions or | | |
| | | | CERTIFICATION | | | | | |
| this | I certify that the forego bankruptcy proceeding. | | nt of any agreement or arrangement for pay | ment to me for re | presentation of the | debtor(s) in | | |
| | December 3, 2015 | | /s/ Todd S. Cushner | | | | | |
| _ | Date , | | Todd S. Cushner Signature of Attorney Garvey Tirelli & Cusl 50 Main Street Suite 390 White Plains, NY 106 914-946-2200 Fax: 9 Name of law firm | 606 | | | | |

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United States Bankruptcy CourtSouthern District of New York

| | | Southern District of New York | | | | | | |
|---------------------------------|------------------------------------|--|--------------------|-----------------------|--|--|--|--|
| In re | James Colby | | Case No. | | | | | |
| | | Debtor(s) | Chapter | 11 | | | | |
| | | | | | | | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | | | |
| The ab | ove-named Debtor hereby verifies t | that the attached list of creditors is true and co | prrect to the best | of his/her knowledge. | | | | |
| Date: | December 3, 2015 | /s/ James Colby | | | | | | |
| | | lames Colley | · | · | | | | |

Signature of Debtor

BK OF AMER PO BOX 982235 EL PASO, TX 79998

BK OF AMER 1800 TAPO CANYON CA6-914-01-91 SIMI VALLEY, CA 93063

BMW FINANCIAL PO BOX 9001065 LOUISVILLE, KY 40290

BMW FINANCIAL SERVICES 5515 PARKCENTER CIR DUBLIN, OH 43017

CBNA PO BOX 6283 SIOUX FALLS, SD 57117

CHASE - TOYS R US PO BOX 15298 WILMINGTON, DE 19850

CHASE BANK USA, NA PO BOX 15922 WILMINGTON, DE 19850

CHASE CARD PO BOX 15298 WILMINGTON, DE 19850

CITI BOX 6248 SIOUX FALLS, SD 57117

CITI PO BOX 6241 SIOUX FALLS, SD 57117

CITI CARDS PO BOX 183113 COLUMBUS, OH 43218 CITIBANK NA PO BOX 528 PELHAM, NY 10803

KATHLEEN COLBY
9 BRITTANY COURT
CHAPPAQUA, NY 10514

KOHLS/CAPONE N56 W 17000 RIDGEWOOD DR MENOMONEE FALLS, WI 53051

MIDLAND CRT C/O FOSTER & GARBU PO BOX 9030 COMMACK, NY 11725

NATIONSTAR MORTGAGE LL 350 HIGHLAND DR LEWISVILLE, TX 75067

SPECIALIZED LOAN SERVI 8742 LUCENT BLVD STE 300 HIGHLANDS RANCH, CO 80129

SYNCB/AMER EAGLE PO BOX 965005 ORLANDO, FL 32896

SYNCB/BANANA REP PO BOX 965005 ORLANDO, FL 32896

TOYOTA MOTOR CREDIT CO PO BOX 8 CHELMSFORD, MA 01824

WACHOVIA BANK PO BOX 50014 ROANOKE, VA 24040